

<b>Case Number:</b>	CM15-0206584		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female, who sustained an industrial-work injury on 7-13-11. A review of the medical records indicates that the injured worker is undergoing treatment for adjustment disorder with mixed anxiety and depressed mood. Medical records dated(3-6-15 to 9-4-15) indicate that the injured worker complains of anxiety, tension, irritability, depression, crying at times, insomnia, panic attacks, low energy, and low sociability. The physical exam dated 9-4-15 reveals that the injured worker is less tense and dysphoric mood is noted. There is rare laughing frequent smiling and no weeping. She does not exhibit panic attacks or obsessive rituals. She answers questions appropriately and denies symptoms or thoughts of harming herself or others. The physician does not detail sleep hygiene issues. Treatment to date has included pain medication, Tizanidine, Lyrica, Tramadol, Meloxicam, Cymbalta, (Ambien, Ativan, Lexapro since at least 3-6-15) psyche care, biofeedback sessions, and other modalities. The request for authorization date was 10-1-15 and requested services included Ativan 1mg #60, Ambien 10mg #30, and Lexapro 20mg #90. The original Utilization review dated 10-8-15 non-certified the request for Ativan 1mg #60, Ambien 10mg #30, and Lexapro 20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ativan 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was report of the worker being prescribed Ativan by her psychiatrist for the purpose of helping to treat her anxiety and insomnia. However, there was insufficient evidence of benefit from this medication, specifically functional and emotional gains. The worker seemed to still experience significant emotional distress even with the use of the prescribed medications, including Ativan. Therefore, due to this factor and due to general recommendations to not use this medication chronically, this request for Ativan will be considered medically unnecessary. Weaning may be indicated.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was evidence of the worker using Ambien as prescribed by her psychiatrist for her insomnia. However, due to the recommendations of the MTUS Guidelines to not use this chronically as was the case with this worker, this request for ongoing use of Ambien will be considered medically unnecessary. Also, there was insufficient reporting regarding how effective this medication was at improving overall function, which might have helped to justify this request for continuation.

**Lexapro 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. For depression, anxiety, or post-traumatic syndrome disorder (PTSD), SSRIs are considered first line therapy. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and/or pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was record of using Lexapro for depression and anxiety, prescribed by her psychiatrist. However, with 60 mg daily use, her symptoms seemed to be relatively unaffected by this medication, according to the documentation provided. Without significant functional gains related to this medication, it will be regarded as medically unnecessary, and consideration of another medication may be indicated. However, SSRIs have not been shown to be significantly helpful without combination of psychological treatment such as cognitive behavioral therapy.